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Donna Macedo

Date

May 29, 2001

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket

CLON015

First Named Inventor

Chenchik et al.

Application Number

09/440,829

Filing Date

November 15, 1999

Group Art Unit

1655

Examiner Name

Forman, B.

Title: Long Oligonucleotide Arrays

TECH CENTER 1600/2900

JUN 08 2001

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ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☒ Amendment/Response

☐ After Final

☒ Affidavits/declaration(s)

☒ Terminal Disclaimer

☐ Express Abandonment Request

☐ Information Disclosure
Statement, 1449, ___ references

☐ Substitute Specification
Clean and Marked-up

☐ Response to Missing Parts/
Incomplete Application

☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53
(with copy of Notice to File
Missing Parts)

☐ Issue Fee Transmittal
(with copy of PTOL-85B)

☐ Formal Drawing(s)

☐ Licensing-related Papers

☐ Petition Routing Slip and
Accompanying Petition

☐ To Convert a Provisional
Application

☐ Power of Attorney

☐ Revocation

☐ Associate

☐ Change of Correspondence
Address

☐ Small Entity Statement

☐ Request for Refund

☐ After Allowance
Communication to Group

☒ Copy of Notice to Comply

☒ Certification Regarding
Sequence listing

☒ Sequence Listing

☒ Computer readable disk

☒ Extension of Time Request

☒ Additional Enclosure(s)
(please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name Bret E. Field

Registration No.

37,620

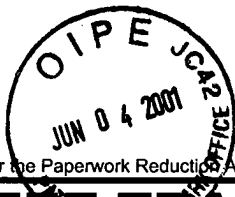
Firm Name BOZICEVIC, FIELD & FRANCIS LLP

Signature

[Signature]

Date

May 29, 2001



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PTO/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FILE TRANSMITTAL for FY 2001 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/440,829
		Filing Date	November 15, 1999
		First Named Inventor	Chenchik et al.
		Examiner Name	Forman, B.
		Group Art Unit	1655
TOTAL AMOUNT OF PAYMENT		\$500.00	Attorney Docket No. CLON015

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-0815 Deposit Account Name: Bozicevic, Field & Francis LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR § 1.27		3. ADDITIONAL FEES																																																																																																																													
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																																																																																															
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SUBMITTED BY		Complete (if applicable)	
Name	Bret E. Field	Registration No. (Attorney/Agent)	37,620
Signature		Telephone	650-327-3400
		Date	May 29, 2001

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